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990-PF

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection

OMB No 1545-0052

	calendar y	ear 2013 or ta	ax year begii	nning			7/01 , 2013	, and end		Employe	r identif	06/30	
				T. T. T. T. C.	.,				^	•			
		DEVELOPME						D	_	31-16			
Nur	mber and str	eet (or PO box nu	Imper it mail is no	ot delivered	to street a	idaress)		Room/surt	e	leiepnoi		er (see instruction	•
	•										(5)	13) 772-3	3370
	O. BOX							<u> </u>				<u> </u>	
City	y or town, sta	te or province, cou	untry, and ZIP or	foreign pos	stal code								_
									C	if exempti pending, o		ation is	. ▶L
CI	NCINNA	I, OH 452	43-0425										_
G C	heck all th	at apply	🚽 Initial retur	'n		Initial return	of a former p	oublic chai	rity D	1 Foreign	n organiža	tions check here	. ▶L
			Final returi	n		Amended re	turn					ations meeting the	_
			Address ch	nange		Name chang	je					here and attach	. ⊳ L
H C	heck type	of organization	n 💹 Secti	on 501(c <u>) (3)</u> ex	empt private	foundation		_	If armata	foundatio	n status was termir	
	Section 49	947(a)(1) nonex	empt charitable			her taxable p		tion)(1)(A), check here	
I Fa	aır market	value of all	assets at	J Acco	unting n	nethod: X C	ash Acc	rual	F			in a 60-month terr	
er	nd of year	(from Part II, co	ol (c), line	O	ther (sp	ecify))(1)(B), check here	
16	6) ▶ \$	270	,031.	(Part I,	column	(d) must be or	n cash basis)						
Par	t I Analys	is of Revenue	and Expens	ses (The	(a) B	evenue and						(d) Disbur	
	total of	amounts in colunt t necessarily equ	nns (b), (c), and	d (d)	` '	enses per	(b) Net inve		(C)	Adjusted income	net	for char	
	column	i riecessariiy equ (a) (see instructii	ons))	> "'		books	1110011			IIICOIIIC		(cash bas	
\top_1		ins, gifts, grants etc		nedule)									
2		if the found	dation is not requ	uired to								1	
3	-	on savings and tem				1,635		1,635.					
4		is and interest fr				262		262.			<u> </u>		
- 1 '		nts									ĺ	RECE	IVE
"		I income or (loss)					1		-		i_r		
a) 6		or (loss) from sale									181	MAY 9 1	2045
Revenue 2	b Gross sa	les price for all	or assers not on				<u> </u>				दि	WAT 2-1	- 2015
8 6	assets or	gain net income	/from Part IV I	ine 2)							1		
رُّ ا	•	rt-term capital ga				*					İ	 OGDEi	V. U
9		modifications •									я.,		
	a Gross sale	es less returns	1										
		ances · · · · · · · · · · · · · · · · · · ·											
		rofit or (loss) (att						,					
11		come (attach sc											
12		dd lines 1 throug				1,897.		1,897.					
13		sation of officers, di				· (
. ا		mployee salaries										-	
ء اق	Populor	plans, employee	_									_	
ē 16	sa Lenalfe	es (attach sched								•			
삤''	h Account	ing fees (attach	schodulo)			4,554.		455.				-	4,0
9	c Other n	ofessional fees				25,005.							25,0
تا اغز	Lotoroet		•	,			•						
Administrative Expens	Taylor for	ach schedule) (see		-		134.	-	134.					
<u> </u>	Dances (al	• •			-	137.		137.				 	
F 19	Depreci	ation (attach sch					-					 	
A 20	Travel	ncy				1,642.			-			 	1,6
P 21	Drumbuna	conferences, and										 	
ğ 22		and publications openses (attach s				3,578.	<u> </u>	16.				 	3,5
erating 52			•									 	
24 0	•	erating and add				35,050.		742.					34,3
0		s 13 through 23				11,750.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				 	$\frac{31,3}{11,7}$
25		ıtıons, gıfts, grar	•			46,800.		742.				 	46,0
26		nses and disburseme		4 and 25				,72.		<u> </u>		 	
27		t line 26 from lin				-44,903.							
		revenue over expens				14,503.	 	1,155.				 	
		estment income					 	-,155				 	
	C Adjuste	d net income (if	neuauve, ente	· -V-/• •				CH 1				L	0-PF (2

Part II		Rolance Sheets	Attached schedules and amounts in the	Beginning of year	End	of year
ناء	er (Dalance Sheets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ing	78,708.	120,254	. 120,254
	2		cash investments	232,593.	146,247	. 149,164
	3	Accounts receivable	99.			
		Less allowance for dou	btful accounts ▶	99.	99	. 99
	4					
		Less allowance for dou	btful accounts ▶			
	5					
	6		officers, directors, trustees, and other			
			tach schedule) (see instructions)			
	7		eceivable (attach schedule)			
	′		btful accounts			
S	8					· · · · · · · · · · · · · · · · · · · ·
sets	-	Prenad evenues and d				<u> </u>
Ass	9		· · · · · · · · · · · · · · · · · · ·			
_	l		e government obligations (attach schedule)			
			stock (attach schedule)			
	11 6	Investments - land, building				
		Less accumulated deprecia	ation			
	12		loans			
	13		ach schedule)			·
	14	Land, buildings, and	▶ 514.		سبر پایت	
		Less accumulated deprecia	ation	651.	514	. 514
	15	(attach schedule)	>)		<u> </u>	
	16		completed by all filers - see the			
	'"		age 1, item I)	312,051.	267,114	. 270,031
_	17		accrued expenses	53.	20	
	1					
' 0	18			_		
tië	19				 	
Ē	20		ors, trustees, and other disqualified persons			-
Liabilities	21		otes payable (attach schedule)	1	<u> </u>	-
	22	Other liabilities (describe	• ▶)			-
		Tatal labilities (add las	17 through (0)	53.	20	
_	23		es 17 through 22)	33.		-
			low SFAS 117, check here ▶ ☐ 24 through 26 and lines 30 and 31.			
es						
alances	24			<u>:-</u>		\dashv
Bal	25	Temporarily restricted				
5	26		· · · · · · · · · · · · · · · · · · ·			_
Ē	27 28 29 30		not follow SFAS 117, ▶ X			
٥			plete lines 27 through 31.			
ţ	27	Capital stock, trust prin	cipal, or current funds			_
se	28	Paid-in or capital surplus, o	r land, bldg , and equipment fund			
ĕ	29	• .	ulated income, endowment, or other funds	311,998.	267,094	
det	30		d balances (see instructions)	311,998.	267,094	<u>•</u>
_	31	Total liabilities and	net assets/fund balances (see			
			· · · · · · · · · · · · · · · · · · ·	312,051.	267,114	·
			anges in Net Assets or Fund E		<u> </u>	
1			palances at beginning of year - Part I			
	end	-ot-year figure reporte	ed on prior year's return)			311,998
2	Ente	er amount from Part I,	line 27a			-44,903
3	Oth	er increases not inclu	ded in line 2 (itemize) ▶		3	
4	Add	lines 1, 2, and 3	n line 2 (itemize) ► ATCH 4		4	267,095
5	Dec	reases not included in	n line 2 (itemize)	:::		1
6	Tota	al not accate or fund h	valances at end of year (line 4 minus	line 5) - Part II, column /h	\ lino 30 6	267 094

_		^
~~	0	. 1

Part IV Capital Gains	and Losses for Tax on Inve	estment Income			rage
	d describe the kind(s) of property sold ((b) How acquired	(c) Date	(d) Date sold
2-story b	rick warehouse, or common stock, 200	shs MLC Co)	P - Purchase D - Donation	acquired (mo , day, yr)	(mo , day, yr)
1a			<u> </u>		
b					
<u>c</u>			ļ		
_d			<u> </u>		
<u>e</u>				L	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo	
			<u> </u>		
<u>b</u>			<u> </u>		
<u>c</u>			ļ		
			1		
e Constant and for accept	abana a salara (b) and anna	d bu the foundation on 10/21/60			
Complete only for assets	showing gain in column (h) and owne (i) Adjusted basis			Gains (Col (h) g (k), but not less t	
(i) F M V as of 12/31/69	as of 12/31/69	(k) Excess of col (i) over col (j), if any	001	Losses (from co	
<u>a</u>					
<u>b</u>			 - -		
<u>c</u>					
е		gain, also enter in Part I, line 7	1		
2 Capital gain net income or		(loss), enter -0- in Part I, line 7	2		
3 Net short-term capital gair	 or (loss) as defined in sections 12				
	rt I, line 8, column (c) (see insti				
•	· · · · · · · · · · · · · · · · · · ·		3		
Part V Qualification	Jnder Section 4940(e) for Rec	duced Tax on Net Investment I	ncome		
	the section 4942 tax on the distrib	• •	ase period	٦٥ <u> </u>	Yes X No
	not qualify under section 4940(e).				
1 Enter the appropriate am (a)	ount in each column for each year		g any entri	es. (d)	
Base penod years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra	
Calendar year (or tax year beginning in)	16,653.	314,396.	 	(col (b) divided by	0.052968
2012	30,206.	335,051.	 		0.090153
2010	19,757.	356,065.		<u> </u>	0.055487
2009	40,301.	375,507.			0.107324
2008	39,654.	393,101.			0.100875
		•			-
2 Total of line 1, column (d)			2		0.406807
3 Average distribution ratio	for the 5-year base period - divide			-	
number of years the foun	dation has been in existence if less	than 5 years	3		0.081361
4 Enter the net value of nor	ncharitable-use assets for 2013 fro	m Part X, line 5	4		284,666.
5 Multiply line 4 by line 3	. .		5		23,161.
6 Enter 19/ of not investme	at income (1% of Part Lline 27h)				12
6 Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		12.
7 Add lines 5 and 6			7		23,173.
• • • • •					
	ons from Part XII, line 4 eater than line 7, check the box i	n Part VI, line 1b, and complete	8 that part	using a 1% ta	46,058. x rate See th
Part VI instructions					m 990-PF (201)

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete

Х

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?

orm	990-PF (2013) WORKFORCE DEVI	ELOPMENT ASSO	CIATION		31-161	.0355	Page 6
Pai	rt VII-B Statements Regarding Activities f	or Which Form 4	720 May Be Requi	red (contin	ued)		
5a	During the year did the foundation pay or incur any amou	unt to					
	(1) Carry on propaganda, or otherwise attempt to influe		1 4945(e))?	Yes	X No		
	(2) Influence the outcome of any specific public ele						
	directly or indirectly, any voter registration drive?	·		_	X No		
	(3) Provide a grant to an individual for travel, study, or of				X No		
	(4) Provide a grant to an organization other than a						
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (-		X No		
					NO		
	(5) Provide for any purpose other than religious, ch	·	• *		□		
	purposes, or for the prevention of cruelty to children				X No		
D	If any answer is "Yes" to 5a(1)-(5), did any of the						
	Regulations section 53 4945 or in a current notice regard					5b	
	Organizations relying on a current notice regarding disas				▶∟]	
С	If the answer is "Yes" to question 5a(4), does the		•				
	because it maintained expenditure responsibility for the g	rant?		. L Yes	X No		
	If "Yes," attach the statement required by Regulations sec	tion 53 4945-5(d)					
6 a	Did the foundation, during the year, receive any fund	ds, directly or indire	ectly, to pay premium	s			
	on a personal benefit contract?			. Yes	X No		
b	Did the foundation, during the year, pay premiums, direct			t?		6b	X
	If "Yes" to 6b, file Form 8870		-				
7 a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Yes	X No		
	If "Yes," did the foundation receive any proceeds or hav	•	•			7b	l x
	t VIII Information About Officers, Directors	, Trustees, Foun	dation Managers.	Highly Paid	Employe		
	and Contractors			• •			
1	List all officers, directors, trustees, foundation r	(b) Title, and average	(c) Compensation (see	(d) Contributi	20010		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee bene and deferred com	fit plans	e) Expense other allow	account, wances
-			enter-o-j	and deterred con	perisation		
ላጥ(CH 5		٥		٨		C
							
					-		
	·						
2	Compensation of five highest-paid employees	/other them the	a included on the	. 4 :-		10	
2	"NONE."	(other than thos	se included on line	e i - see ii	nstructions,). It no	ne, ente
		(b) Title, and average		(d) Contribut			
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee b plans and de		e) Expense other allow	
		devoted to position		compensa			
	NONE						
- -							
		i					
			-				
					-		
- -							
	if number of other employees paid over \$50,000 .						
<u> Uta</u>	in number of other employees paid over \$50,000 .	 	· · · · · · · · · · · · · · · · · · ·	· · · · · · ·	▶	606	
					Fo	om 990 -	PF (2013

Form 990-PF (2013) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services. Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 TO PROVIDE VOLUNTEER TIME, TALENT AND TO DONATE FUNDS TO SUPPORT HIGHER EDUCATION WITH A SECONDARY INTEREST IN EARLY CHILDHOOD EDUCATION. 46,058. Summary of Program-Related Investments (see instructions) Part IX-B Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 NONE All other program-related investments. See instructions 3 NONE Total. Add lines 1 through 3.

Dana	
raye	١

Part	Χ.	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn found	dations,
1	Fair	market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
		ooses		
а	Avei	rage monthly fair market value of securities	1a	
b	Avei	rage of monthly cash balances	1b	289,001.
C	Fair	market value of all other assets (see instructions)	1c	
d	Tota	al (add lines 1a, b, and c)	1 d	289,001.
е	Red	uction claimed for blockage or other factors reported on lines 1a and		
	1c (a	attach detailed explanation)		
2	Acq	uisition indebtedness applicable to line 1 assets	2	
3	<u> </u>		3	289,001.
4	Casl	tract line 2 from line 1d		
	ınstr	value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	4	4,335.
5			5	284,666.
_6	Mini	mum investment return. Enter 5% of line 5	6	14,233.
Par	ΧI	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun and certain foreign organizations check here ▶ and do not complete this part.)	dations	
1	Mını	mum investment return from Part X, line 6	1	14,233.
2 a	Tax	on investment income for 2013 from Part VI, line 5		
b	Inco	me tax for 2013 (This does not include the tax from Part VI.) 2b		
С		lines 2a and 2b	2c	23.
3	Dist	ributable amount before adjustments. Subtract line 2c from line 1	3	14,210.
4		overies of amounts treated as qualifying distributions	4	· · · · · · · · · · · · · · · · · · ·
5		lines 3 and 4	5	14,210.
6	Ded	uction from distributable amount (see instructions) ributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	6	<u> </u>
7	Dist	ributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line	<u> 1</u>	7	14,210.
Pari	XII	Qualifying Distributions (see instructions)		
1		ounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Exp	penses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	46,058.
b			1b	
2	Am	ogram-related investments - total from Part IX-B		
	pur	poses	2	
3	Am	ounts set aside for specific charitable projects that satisfy the:		
а	Sui	tability test (prior IRS approval required)	3a	
b	Cas	sh distribution test (attach the required schedule)	3b	
4	Qua	alifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	46,058.
5	Fou	undations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Ent	er 1% of Part I, line 27b (see instructions)	5	0
6	Adj	justed qualifying distributions. Subtract line 5 from line 4	6	46,058.
		te. The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years.	alculating	g whether the foundation

Form 990-PF (2013) Page 9 Part XIII Undistributed Income (see instructions) (b) (d) Corpus 2012 2013 Years prior to 2012 Distributable amount for 2013 from Part XI, 14,210. Undistributed income, if any, as of the end of 2013 Enter amount for 2012 only Total for prior years 20 11 ,20 10 ,20 09 Excess distributions carryover, if any, to 2013 a From 2008 20,371. 21,869. **b** From 2009 2,023. c From 2010 13,530. **d** From 2011 From 2012 58,760. Total of lines 3a through e Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ ___ 46,058. a Applied to 2012, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) 14,210 d Applied to 2013 distributable amount 31,848. e Remaining amount distributed out of corpus . . Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 90,608 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable 4a from line 2a Taxable amount - see f Undistributed income for 2013 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions) . . . 20,371. Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a 70,237. 10 Analysis of line 9 21,869. a Excess from 2009 . . . 2,023. b Excess from 2010 . . . c Excess from 2011 . . . 13,530. 967. d Excess from 2012 . . . 31,848. e Excess from 2013 . . .

WORKFORCE DEVELOPMENT ASSOCIATION

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31-1610355

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Page 11

Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid During Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment	, . .
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
	1			
АТСН 6				
		ļ		
			1	
			İ	
	<u></u>			11 750
Total			<u>▶ 3a</u>	11,750.
b Approved for future payment		1		
		}		
Total			> 2h	
	<u> </u>			<u> L</u>

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Part XVI-A Analysis of Income-Prod	ucing Activ	vities				
Enter gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e)	
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income	
·	-		 		(See instructions)	
a			 			
c						
d						
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments			14	1,635.		
4 Dividends and interest from securities			14	262.		
5 Net rental income or (loss) from real estate						
a Debt-financed property					 <u></u>	
b Not debt-financed property					<u> </u>	
6 Net rental income or (loss) from personal property .			<u></u>		<u></u>	
7 Other investment income			ļ			
8 Gain or (loss) from sales of assets other than inventory			ļ			
9 Net income or (loss) from special events	<u> </u>					
10 Gross profit or (loss) from sales of inventory . $$.			ļ			
11 Other revenue a			<u> </u>			
b						
c						
d			<u> </u>			
e				1,897.		
12 Subtotal Add columns (b), (d), and (e)			L			
13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify cald			• • • • • •	13	1,097.	
Part XVI-B Relationship of Activities		complishment of Ex	empt Purp	oses		
Explain below how each activi accomplishment of the foundation						
	-					
		-				
	-					

Part 2	XVII	Information R Exempt Organ		nsfers To and T	ransacti	ons an	d Relation	ships With Non	chari	table	;
1 D	old the	organization direct	ly or indirectly e	engage in any of the	following	with ar	ny other orga	nization described		Yes	No
		ion 501(c) of the Co	•		_		-				
o	rganız	zations?									
аT	ransfe	ers from the reportin	ig foundation to	a noncharitable exe	mpt organi	ization of	:		1		
(1) Cas	sh							1a(1)		Х
		ner assets							1a(2)		_X_
		ransactions									
(.	1) Sal	es of assets to a no	ncharitable exen	npt organization					1b(1)		X
		rchases of assets fro							1b(2)		X
(:	3) Rei	ntal of facilities, equi	ipment, or other	assets				• • • • • • • • • •	1b(3)		X
		imbursement arrang							1b(4)		X
(:	5) LO	ans or loan guarantee	3S	in or fundrouping solu				• • • • • • • • • •	1b(5)	1	<u> </u>
		rformance of service g of facilities, equipn							1b(6)		_ <u>^</u>
		g of facilities, equipments answer to any of the							1c	four m	
		of the goods, other									
		n any transaction or									
(a) Line	- 1	(b) Amount involved	, 	oncharitable exempt organ				ers, transactions, and sha			
\-/		N/A	† ','			N/A		·			
								_			
								<u> </u>			
											
		_									
		<u>-</u>									
-	-										
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		foundation directly bed in section 501(c)								es X	٦
		," complete the follo		ner man section 501	(C)(3)) Of 1	in sectio	115277	• • • • • • • • • •	·	es <u>r</u>	סאו ך
<u> </u>	165	(a) Name of organization		(b) Type of org	anization	Т		(c) Description of relation	shin		
		(a) Hamo or organization	·· · · · ·	(#) .) po o. o. g				ey accompliant of rollation	опр		
			-								
											
		····			_						
		-		-							
	Under	penalties of perjury, I decla	are that I have examin	ned this return, including acc	companying sch	nedules and	statements, and t	o the best of my knowled	ge and b	elief, it	is true,
Sign	correc	and complete Declaration of	1 preparer (other than ta	expayer) is based on all informa	ation of which p			f			
_	100	Intronsta	work	15-11-1	5	BOP	ARD SOM	May the IR with the p	S discus reparer		return below
Here	Sign	nature of office of trustee		Date		Title		(see instruction		Yes [No
Paid		Print/Type preparer's na	ıme	Preparer's signature	4/		Date	I CHECK [] II I	PTIN	_	
		AARON HERSHB	ERGER	aarmo.	Xhra	<u>گھ</u>	5/8/1.	self-employed	P009	6188	4
Prepa			D, LLP			<u>ي</u>		Firm's EIN ► 44-0	1602	60	
Use C	Only	1		TREET, SUITE 3	000						
		CI	NCINNATI,	ОН		45	202	Phone no 513-6			
								Fo	m 99 (D-PF	(2013)

ATTACHMENT	

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

REVENUE AND EXPENSES PER BOOKS

25,005.

25,005.

TOTALS

PROGRAM EXPENSE

DESCRIPTION

CHARITABLE PURPOSES

25,005.

25,005.

ATTACHMENT 1 PAGE 17 ATTACHMENT 2

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	NET INVESTMENT INCOME	134.	134.
	REVENUE AND EXPENSES PER BOOKS	134.	134.
FORM 990PF, PART I - TAXES	DESCRIPTION	TAXES	TOTALS

134.	
134.	

134.

ATTACHMENT 2 PAGE 18

FORM 990PF, PART I - OTHER EXPENSES

ATTACHMENT

	NET	INVESTMENT	INCOME					16.	16.
REVENUE	AND	EXPENSES	PER BOOKS	433.	146.	2,841.	142.	16.	3,578.
			DESCRIPTION	MISCELLANEOUS	POSTAGE AND DELIVERY	STAFF EDUCATION AND TRAINING	SUPPLIES	INVESTMENT EXPENSE	TOTALS

433. 146. 2,841. 142.

CHARITABLE PURPOSES

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		ATTACHMENT 4
FORM 990PF, PART III - OTHER DECRE	ASES IN NET WORTH OR	FUND BALANCES
DESCRIPTION	<u>AM</u> (OUNT
ROUNDING		1.
	TOTAL	1.

ATTACHMENT 5

	0	0	0	0	9
EXPENSE ACCT AND OTHER ALLOWANCES					
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	0	0	0	0
COMPENSATION	0	0	0	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CHAIRPERSON 1.00	OFFICER 1.00	OFFICER 1.00	OFFICER 1.00	GRAND TOTALS
NAME AND ADDRESS	ART WEBBER JR P.O. BOX 43425 CINCINNATI, OH 45243-0425	PATRICIA TIMPERMAN P.O. BOX 43425 CINCINNATI, OH 45243-0425	ROBERT MILLER P.O. BOX 43425 CINCINNATI, OH 45243-0425	JAMES J. HAYES P.O. BOX 43425 CINCINNATI, OH 45243-0425	

THE YEAR
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CONTRIBUTION
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PART
FORM SSDPE

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T 6.		AMOUNT	1	
ATTACHMENT 6				
			IKFORCE	KFORCE
		TRIBUTION	LOCAL WOF	LOCAL WOR
		PURPOSE OF GRANT OR CONTRIBUTION	TO AID AND DEVELOP THE LOCAL WORKFORCE	TO AID AND DEVELOP THE LOCAL WORKFORCE
		SE OF GRA	D AND DEV	D AND DEV
		PURPO	TO AII	TO AII
	BUTOR			
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	RECT PI ENT	7	7
	SUBSTANTI/	FOUNDATION STATUS OF RECIPIENT	EXEMPT ORGANIZATION	EXEMPT ORGANIZATION
	NSHIP TO	NDATION S	EXEMPT ORC	SXEMPT ORC
	RELATION	FOUR	NONE -	NONE +
				OUNDATION
		ADDRESS	9-0510	ESSORI FO
		NAME AND	TION 9970 , OH 4521	KIDGE MONS COMERY ROF , OH 4521
		RECIPIENT NAME AND ADDRESS	U C FOUNDATION P O BOX 15970 CINCINNATI, OH 45219-0570	PLEASANT RIDGE MONTESSORI FOUNDATION 5945 MONTGOMERY ROAD CINCINNATI, OH 45213
		•	0	, -,

11,750

TOTAL CONTRIBUTIONS PAID

Form 8868 (F	Rev 1-2014)				Page 2	
	e filing for an Additional (Not Automatic) 3-Me	onth Exten	sion, complete only Part I	I and check this box		
	complete Part II if you have already been gra		· ·			
-	e filing for an Automatic 3-Month Extension,			, , , , , , , , , , , , , , , , , , , ,		
Part II	Additional (Not Automatic) 3-Month Ex			inal (no copies needed).		
			E	nter filer's identifying number, se	e instructions	
	Name of exempt organization or other filer, see in	structions		Employer identification number (E	EIN) or	
Type or						
print	WORKFORCE DEVELOPMENT ASSOCIA	TION		31-1610355		
•	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions	Social security number (SSN)		
File by the due date for	P.O. BOX 43425					
filing your return See City, town or post office, state, and ZIP code For a foreign address, see instructions						
instructions	CINCINNATI, OH 45243-0425					
Enter the F	Return code for the return that this application	is for (file a	a separate application for ea	ach return)	. 04	
Application		Return	Application		Return	
ls For		Code	Is For		Code	
Form 990	or Form 990-EZ	01		**		
Form 990		02	Form 1041-A	b set side	08	
	0 (individual)	03	Form 4720 (other than in	ndıvidual)	09	
Form 990		04	Form 5227		10	
	-T (sec 401(a) or 408(a) trust)	05	Form 6069		11	
	-T (trust other than above)	06	Form 8870		12	
	not complete Part II if you were not already			asion on a previously filed For		
	oks are in the care of ANTHONY RICCIARD		·			
	ne No ► 513 722-3370		Fax No. ►	ATT, UH 45243-U425		
•	ganization does not have an office or place of	_		his hox	ightharpoonup	
	for a Group Return, enter the organization's for				nis is	
	ole group, check this box ▶ ☐					
	e names and EINs of all members the extension	-	art of the group, check this	box and an	acira	
	uest an additional 3-month extension of time ui		0	05/15 , 20 15		
	alendar year, or other tax year beginni				20 14	
	tax year entered in line 5 is for less than 12 m				20 14	
	Change in accounting period	•				
	in detail why you need the extension ADDIT	'IONAL T	IME IS REQUIRED TO	ACCUMULATE THE		
	RMATION NECESSARY TO FILE A COM					
						
8a If this	s application is for Forms 990-BL, 990-PF, 9	90-T, 4720	o, or 6069, enter the ten	tative tax, less any		
nonre	efundable credits. See instructions			8a \$	0	
	s application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any refun			
estim	ated tax payments made include any pri	or year o	overpayment allowed as	a credit and any		
	int paid previously with Form 8868	•	, ,	8b \$	0	
	nce Due. Subtract line 8b from line 8a. Include	your paym	ent with this form, if requir			
	tronic Federal Tax Payment System) See instru			8c \$	0	
	Signature and Verifica	_	st be completed for P			
Under pena knowledge a	ilties of perjury, I declare that I have examined that and belief, it is true, correct, and complete, and that I	his form, in	cluding accompanying sched	•	best of my	
Signature >			Title N	Data N		
orginature P			Title ▶	Date ▶	(Rev 1-2014)	
				FORM 6000	(nev 1-2014)	

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits Part | Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or print WORKFORCE DEVELOPMENT ASSOCIATION 31-1610355 File by the Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN) due date for P.O. BOX 43425 filing your return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions CINCINNATI, OH 45243-0425 Return **Application Application** Return Code Is For Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 1041-A Form 990-BL 02 08 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 The books are in the care of ►ANTHONY RICCIARDI, P.O. BOX 43425 CINCINNATI, OH 45243-0425 Telephone No ▶ 513 722-3370 FAX No. ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ▶ . . If it is for part of the group, check this box ▶ . and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 20 ____ or ► X tax year beginning _______07/01_, 2013_, and ending ______06/30_, 2014_. If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS

estimated tax payments made. Include any prior year overpayment allowed as a credit

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

(Electronic Federal Tax Payment System). See instructions

nonrefundable credits See instructions.

Form 8868 (Rev 1-2014)

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